#### **UNITED STATES BANKRUPTCY COURT**

NORTHERN DISTRICT OF GEORGIA

Bankruptcy Case No. 1:2022BK51585 IN RE: **Chapter 7** MARGARET CHICK Debtor. A. DEBTOR'S AMENDMENT M. Regina Thomas, Clerk ☐ Voluntary Petition Schedule J Schedule A/B Declaration of Schedules Schedule C Summary of Your Assets & Liabilities ☐ Schedule D ☐ Statement of Financial Affairs Schedule H ☐ Statement About Your Social Security Numbers ☐ Schedule I Creditor Matrix Validation Other Documents: I am including a \$32 filing fee for my changes to Schedule D, Schedule E/F, or the list of creditors. **B. DEBTOR'S SWORN DECLARATION** I declare under penalty of perjury that I have read this document and the attached amendments, and that they are true and correct to the best of my knowledge, information, and belief. Dated: 02/28/3032 Signature: Mayart Chuk C. CERTIFICATION OF SERVICE MARGARET CHICK , certify that on 2/28/2022, I mailed this document and the attached amendments by first-class mail to my bankruptcy trustee longuey Hayes . Hays Finnicial Carreling UC and to the creditors listed on the attached Address List. I declare under penalty of perjury that the statements made in this certification of service are true and correct. Dated: 428/2022 Signature: Magant Clink

#### **Address List**

List the names and addresses of any creditors added in this amendment on the lines below. **Note to Debtor:** Mail a copy of the amendment to each of the creditors listed below.

LAKEVIEW BE HAVIEVA LITERATH	
1 Technology PAKWay	
Norchoss 6A 36092	

Fill in this in	nformation to ident	ify your case:		
Debtor 1	MARGARET		СНІСК	
DODIO! !	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
	Bankruptcy Court for the	NODTHERN DICTE		
Case number	1:2022BK51585			
(If known)			<del></del>	

Check if this is an amended filing

#### Official Form 106E/F

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

1.	Do any creditors have priority unsecured claims	s against you?			
	No. Go to Part 2.				
e care estata a	☐ Yes.			entententententationiste mente	det ochwelde Atenden anderen between tener
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the	editor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's named to the creditor's named to the creditor's named to the creditor's named to the creditor holds a particular claim particular form in the instructions for this form in the instructions for this form in the instruction booklet.	at claim here ar ame. If you have	id show both e more than t	priority and wo priority
			Total claim	Priority amount	Nonpriority amount
2.1					
	Priority Creditor's Name	Last 4 digits of account number	\$	. \$	\$
		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply	<i>t.</i>		
		Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only				
}	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	☐ Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset?	Other. Specify			
	No	Other. Specify	•		
	Yes			gampas param invalue in USA papara menana	
2.2		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?	·	_ <u> </u>	<u> </u>
	Number Street	As of the date you file, the claim is: Check all that apply	<i>t</i> .		
		☐ Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	Disputed			
	Debtor 1 only				
	Debtor 2 only	Type of PRIORITY unsecured claim:			
Ì	Debtor 1 and Debtor 2 only	□ Domestic support obligations			
}	At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
	Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset? ☐ No	Other. Specify	-		
4	Yes				

Debto	r 1 MARGARET		Doc 14	Filed 03/31 Document	/22 Entered 04/04/2 _ Page 4 of <b>1</b> 400 number of	22 13:56:50 Desc	Main
	First Name	Middle Name	Last Name		3		
Part	2: List All of	Your NONPRIC	ORITY Uns	ecured Claims			
	o any creditors ha D No. You have no D Yes			= -	? court with your other schedules.		
ri in	onpriority unsecure	d claim, list the cr more than one cr	editor separa editor holds a	itely for each claim	rder of the creditor who holds . For each claim listed, identify w st the other creditors in Part 3.If	hat type of claim it is. Do not	list claims already
4.1	AVANT				Last 4 digits of account number	<sub>er</sub> 9559	7 000 0
	Nonpriority Creditor's Na 222 NORTH LASALLE S				When was the debt incurred?	12/24/19	<u>\$ 7,000.0</u>
•	Number Street CHICAGO	-	iL	60601			
j	City		State	ZIP Code	As of the date you file, the clai	m is: Check all that apply.	
	Who incurred the o	lebt? Check one.			Contingent Unliquidated Disputed		
	Debtor 2 only Debtor 1 and Deb	tor O only			Type of NONPRIORITY unse	cured claim:	
	At least one of the	•	er			Cureu Ciann.	
	☐ Check if this cl				<ul> <li>Student loans</li> <li>Obligations arising out of a set that you did not report as prior</li> </ul>		
	ls the claim subjec	t to offset?			Debts to pension or profit-shar	ing plans, and other similar debt	3
	☑ No				Other Specify COLLECT	TIONS	
	Yes						
4.2	CAP1/WMT Nonpriority Creditor's Na	me		स्त्राच्या पुरस्कानां नाटर नगर्यः वैक्षेत्रिनेतृत्या स्त्राच्या ज्ञातः व्यक्तिवी में महत्त्व (क्ष्राच्या करणार स्त्राच्या	Last 4 digits of account numb When was the debt incurred?	er <u>9296</u> 1/24/19	s 561.0
	PO BOX 31293						
	Number Street	<del> </del>			A constitution of the same Pitter 41 - 41	les tes Observation Hillard count	
	SALT LAKE CITY	- <del></del>	ហ	84131	As of the date you file, the clai	im is: Check all that apply.	
)	City		State	ZIP Code	Contingent		

	CHICAGO	iL	60601			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
				☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			·		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	r		☐ Student loans		
	☐ Check if this claim is for a comm	unity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☑ No			Other Specify COLLECTIONS		
	Yes			. ,		
1.2	CAP1/WMT			Last 4 digits of account number 9296	\$	561.00
	Nonpriority Creditor's Name		<del></del>	When was the debt incurred? $\frac{1}{24/19}$		
	PO BOX 31293			<del></del>		
	Number Street			<del>-</del>		
	SALT LAKE CITY	υr	84131	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
				Disputed		
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another	ī		<del></del>		
	☐ Check if this claim is for a comm	unity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	r	
	☑ No			Other, Specify CREDIT CARD		
	Yes					
4.3	DEPT OF EDUCATION/NELN		A C C BENESO, C P. LE PROPERTIE DE LA CONTRACTION DE L'ACCESSION D	Last 4 digits of account number 0063		600.00
	Nonpriority Creditor's Name			When was the debt incurred? 8/23/17	\$	602.00
	121 S 13TH ST			writeri was the dept incurred? <u>Q/ZO/17</u>		
	Number Street			_		
	LINCOLN	NE	68508	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code			

 $oldsymbol{\square}$  Obligations arising out of a separation agreement or divorce

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

No No

☐ Yes

Who incurred the debt? Check one.

lacksquare At least one of the debtors and another

lacktriangle Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1 only

Debtor 2 only

☐ Contingent

☐ Disputed

☐ Unliquidated

Student loans

Doc 14 Filed 03/31/22 Entered 04/04/22 13:56:50 Desc Main <u>Document</u> Page 5 of dese number (# known) 1:2022BK51585 Case 22-51585-Irc

Debtor 1

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

evenne v				WCCASTACARDOS
Afte	listing any entries on this page, number the	em beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
4.4	DEPT OF EDUCATION/NELN		Last 4 digits of account number 9963	\$ 2,224.00
	Nonpriority Creditor's Name 121 S 13TH ST		When was the debt incurred? 8/23/17	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	LINCOLN NE	68508		
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		<b>a</b> Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	☑ No			
7.	☐ Yes	kkhoza, ya wagaza yy zo zona sambal (sini kisiki kisiki zwa zona sa sa		SSCC SIZEMBOL New programma habit source when he had constituted
4.5	DISCOVER FIN SVCS LLC		Last 4 digits of account number 4613	\$ 858.00
	Nonpriority Creditor's Name		When was the debt incurred? 4/16/17	
	PO BOX 15316		When was the debt incurred? $4/16/17$	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	WILMINGTON DE	19850	·	
	City State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.		Disputed	
	Debtor 1 only		Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	_		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify CREDIT CARD	
	☑ No □ Yes			
4.6	·····································	or and the second secon	Last 4 digits of account number 9452	\$ <u>935.00</u>
	I.C. SYSTEM, INC	<del></del>		
	Nonpriority Creditor's Name PO BOX 64378		When was the debt incurred? $4/7/21$	
	Number Street SAINT PAUL MN	55164	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		□ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a community debt		you did not report as priority claims	
	•		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify COLLECTION	
	Ø No			
	☐ Yes			

Debtor 1

Case 22-51585-lrc Doc 14 MARGARET

CHICK

Filed 03/31/22 Entered 04/04/22 13:56:50

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Document Page 6 of Case number (# known)

Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.7 Last 4 digits of account number 7758 \$ 2.490.00 LAKEVIEW BEHAVIORAL HEALTH Nonpriority Creditor's Name When was the debt incurred? 1 TECHNOLOGY PARKWAY SOUTH Number Street As of the date you file, the claim is: Check all that apply. GA 30092 NORCROSS State 7IP Code Contingent City ☐ Unliquidated Who incurred the debt? Check one. ■ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify MEDICAL Is the claim subject to offset? **Ø** No ☐ Yes 4.8 s 1,845.00 Last 4 digits of account number 4186 MERRICK BANK CORP Nonpriority Creditor's Name 1/13/19 When was the debt incurred? PO BOX 9201 Number Street As of the date you file, the claim is: Check all that apply. NY 11804 OLD BETHPAGE State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD Is the claim subject to offset? Ø No ☐ Yes s 4,900.00 4.9 Last 4 digits of account number 2223 NET CREDIT Nonpriority Creditor's Name 12/29/20 When was the debt incurred? 175 W JACKSON BLVD STE 1 Number Street As of the date you file, the claim is: Check all that apply. н 60604 **CHICAGO** State ZIP Code Contingent ■ Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION Is the claim subject to offset? **Ø** No Yes

Doc 14 Case 22-51585-Irc Debtor 1 Your NONPRIORITY Unsecured Claims — Continuation Page

				- Massarmeista - Alabasa
Afte	r listing any entries on this page, number them	beginning with	1 4.4, followed by 4.5, and so forth.	Total claim
10	RESURGENT CAPITOL	uggiganing Superind Indian	Last 4 digits of account number 7263	s 6,892.0
	Nonpriority Creditor's Name			\$ <u>0,002.0</u>
	10497 GREENVILLE		When was the debt incurred? $9/3/20$	
	Number Street	<del></del>		
	GREENVILLE SC	29605	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent	
	MILE 1 141 1-140 00 1		Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only		T. CHOUDDIODIDA	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another		Student loans	
	At least one of the deptors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify COLLECTION	
	☑ No		- Outon Opposity	
	Yes			
.11	RIDGEVIEW INSTITUTE	enterprise de la grapa de la consenta de la facto de 1960 de 1	Last 4 digits of account number 0161	\$ 4,599.0
	Nonpriority Creditor's Name		When was the debt incurred? 9/11/18	
	4140 SOUTH COBB DRIVE SOUTHEAST		When was the debt incurred? 9/11/18	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	SMYRNA GA	30080		
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
			☐ Disputed	
	Debtor 1 only Debtor 2 only		Time of NONDPLODITY unsequed eleims	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	At least one of the deplots and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify MEDICAL	
	☑ No		a value opening	
	☐ Yes			
12	SYNCB/PPC		Last 4 digits of account number 1688	<sub>\$</sub> 1,301.0
	Nonpriority Creditor's Name			
	PO BOX 530975		When was the debt incurred? $\frac{4/29/20}{}$	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	ORLANDO FL	32896		
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated	
			☐ Disputed	
	Debtor 1 only		Type of NONDDIOPITY upposured claims	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	TI 16991 OHE OF THE DEPICTS SHE SHOULD		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify CREDIT CARD	
	Ø No		<u> </u>	

Debtor 1

Doc 14 Filed 03/31/22 Entered 04/04/22 13:56:50 Desc Main Document Page 8 of (2) number (# known) 1:2022BK51585 Case 22-51585-Irc

er listing any entries on this pa	ge, number ther	n beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
SYNCB/PPMC			Last 4 digits of account number 0854	s <u>376.00</u>
Nonpriority Creditor's Name			<del></del>	\$ <u>070.00</u>
PO BOX 981416			When was the debt incurred? $8/16/20$	
Number Street			As of the date you file, the claim is: Check all that apply.	
EL PASO	TX	79998		
City	State	ZIP Code	Contingent	
Who incurred the debt? Check o	ne		☐ Unliquidated☐ Disouted	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and a	another		Obligations arising out of a separation agreement or divorce that	at
			you did not report as priority claims	at.
Check if this claim is for a co	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts	<b>3</b>
Is the claim subject to offset?			Other. Specify CREDIT CARD	
☑ No				
☐ Yes				
AND AND THE PARTY	SHE SHAMMA SA STANISH MANANG MINISH MANANG SA SANJANG MANANG SANJANG SANJANG SANJANG SANJANG SANJANG SANJANG S	COMMENSATION CONTRACTOR VICE BUILDING PARTIES AND	Last 4 digits of account number 0161	<sub>\$</sub> 1,020.0
TITLEMAX Nonpriority Creditor's Name		· -	<del></del>	Ψ
			When was the debt incurred? $\frac{7/8/20}{}$	
1873 COBB PARKWAY SOUTHEAST  Number Street			<del></del>	
MARIETTA	GA	30060	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
			☐ Unliquidated	
Who incurred the debt? Check o	ne.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a	another		Obligations arising out of a separation agreement or divorce the	at
Check if this claim is for a c	ommunity debt		you did not report as priority claims	_
Is the claim subject to offset?	•		<ul> <li>Debts to pension or profit-sharing plans, and other similar debte</li> <li>Other. Specify COLLECTION</li> </ul>	5
<b>Ø</b> No			Other. Specify OOLLLOTTON	
Yes				
EX 1 DOUBHOUS DESIGNARY AND ARTEST STATEMENT OF THE ST	annon productive and a second contract of the		Last 4 digits of account number 3551	<sub>\$_</sub> 2,195.0
USAA SAVINGS BANK			Last 4 digits of account number	
Nonpriority Creditor's Name			When was the debt incurred? $11/20/19$	
PO BOX 47504 Number Street			<u> </u>	
SAN ANTONIO	тх	78265	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check o	ne.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			□ Disputeu	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a	another		<ul> <li>Student toans</li> <li>Obligations arising out of a separation agreement or divorce th</li> </ul>	at
Charle if this alabas in face	annuralty date		you did not report as priority claims	<b></b>
Check if this claim is for a c	ornmunity debt		Debts to pension or profit-sharing plans, and other similar debt	s
Is the claim subject to offset?			Other. Specify CREDIT CARD	
☑ No				
Yes				

 
 Doc 14
 Filed 03/31/22
 Entered 04/04/22 13:56:50
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 Document
 Page 9 of class number (#known)
 1:2022BK61585
 Desc Main
 Case 22-51585-lrc

Debtor 1

WALTON COMMUNITIES C/O THE EXCHANGE  WALTON COMMUNITIES C/O THE EXCHANGE  WALTON COMMUNITIES C/O THE EXCHANGE  Nonpriority Creditor's Name  THE EXCHANGE SOUTHEAST  Number Street  ATLANTA GA 30339  City State Z/P Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offset?  Nonpriority Creditor's Name 1133 EAST-WEST CONNECTOR Number Street  AUSTELL GA 30106 City State Z/P Code  Last 4 digits of account number 6505  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Student loans Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and	otal claim
WALTON COMMUNITIES (IO THE EXCHANGE   Nonpriority Creditor's Name   THE EXCHANGE   SUTHEAST	
Nonpriority Creditor's Name THE EXCHANGE SOUTHEAST Number Street ATLANTA GA 30339 City State ZIP Code Contingent Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Non Yes  West Cobs SMILES Nonpriority Creditor's Name 1133 EAST-WEST CONNECTOR Number Street AUSTELL QA 30106 City State ZIP Code Who incurred the debt? Check one.  Disputed  As of the date you file, the claim is: Check all that apply.  Type of NONPRIORITY unsecured claim: Disputed  Student loans Debts to pension or profit-sharing plans, and other similar debts Cher. Specify COLLECTION  When was the debt incurred?  Men was the debt incurred?  11/18/21  As of the date you file, the claim is: Check all that apply.  Last 4 digits of account number 0161	
THE EXCHANGE SOUTHEAST  Number Street  ATLANTA GA 30339  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Nest Cobs SMILES Nonpriority Creditor's Name 1138 EAST-WEST CONNECTOR Number Street AUSTELL GA 30106 City State ZIP Code  Who incurred the debt? Check one.  Who incurred the debt? Check one.  Disputed  As of the date you file, the claim is: Check all that apply.  Type of NONPRIORITY unsecured claim: Disputed  Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other si	17F 0
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Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Disputed  Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Last 4 digits of account number 0161  Number Street Austell GA 30106 City State ZiP Code  Who incurred the debt? Check one. Debtor 2 only  Uniquidated Disputed  Type of NONPRIORITY unsecured claim: Dobtor 1 only Debtor 2 only  Type of NONPRIORITY unsecured claim: Dobtor 1 only Debtor 2 only  Type of NONPRIORITY unsecured claim: Disputed	17E 0
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Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 finished by the claim is for a community debt Is the claim subject to offset?  No Yes  Last 4 digits of account number Other. Specify COLLECTION  WEST COBB SMILES Nonpriority Creditor's Name 1133 EAST-WEST CONNECTOR Number Street AUSTELL GA 30108 Who incurred the debt? Check one. Debts 1 opension or profit-sharing plans, and other similar debts  Last 4 digits of account number 0161 \$17  When was the debt incurred?  Who incurred the debt? Check one. Debtor 1 only Debtor 2 only  Type of NONPRIORITY unsecured claim:	175 A
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ WEST COBB SMILES Nonpriority Creditor's Name 1133 EAST-WEST CONNECTOR Number Street AUSTELL GA 30106 □ City State ZIP Code □ Contingent □ Check one. □ Debtor 1 and Debtor 2 only □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify COLLECTION □ Other. Specify COLLECTION □ When was the debt incurred? □ 11/18/21  As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 2 only □ Type of NONPRIORITY unsecured claim:	**************************************
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ WEST COBB SMILES Nonpriority Creditor's Name 1133 EAST-WEST CONNECTOR Number Street AUSTELL GA 30106 □ City State ZIP Code □ Contingent □ Unliquidated □ Debtor 2 only □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify COLLECTION □ When was the debt incurred? □ 11/18/21 ■ As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Type of NONPRIORITY unsecured claim:	17E 0
At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Last 4 digits of account number 0161 \$17  WEST COBB SMILES Nonpriority Creditor's Name 1133 EAST-WEST CONNECTOR Number Street AUSTELL GA 30106 City Stale ZiP Code  Who incurred the debt? Check one.  Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION  When was the debt incurred? 11/18/21  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Who incurred the debt? Check one.  Debtor 2 only  Type of NONPRIORITY unsecured claim:	17E 0
□ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes  Last 4 digits of account number 0161	17F A
Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offset?  No Yes    Debts to pension or profit-sharing plans, and other similar debts   Other. Specify COLLECTION	175 A
Is the claim subject to offset?  ✓ No ☐ Yes  Last 4 digits of account number 0161 \$17  WEST COBB SMILES Nonpriority Creditor's Name 1133 EAST-WEST CONNECTOR Number Street AUSTELL GA 30106 City Stale ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only ☐ Debtor 2 only  Debtor 1 only ☐ Debtor 2 only  Debtor 3 only  Debtor 2 only  Debtor 3 only  Debtor 3 only  Debtor 4 onl	175 A
WEST COBB SMILES  Nonpriority Creditor's Name  1133 EAST-WEST CONNECTOR  Number Street AUSTELL GA 30106  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only  Last 4 digits of account number 0161	17F ^
WEST COBB SMILES  Nonpriority Creditor's Name  1133 EAST-WEST CONNECTOR  Number Street AUSTELL GA 30106  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only  Last 4 digits of account number 0161  \$ 17  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	17F ^
WEST COBB SMILES  Nonpriority Creditor's Name  1133 EAST-WEST CONNECTOR  Number Street  AUSTELL  GA 30106  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Last 4 digits of account number 0161  \$ 17  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:	17F ^
WEST COBB SMILES  Nonpriority Creditor's Name  1133 EAST-WEST CONNECTOR  Number Street AUSTELL GA 30106  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Last 4 digits of account number U161  \$ 1.  When was the debt incurred?  4 S of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	17F ^
Nonpriority Creditor's Name  1133 EAST-WEST CONNECTOR  Number Street AUSTELL GA 30106  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only  When was the debt incurred? 11/18/21  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	エノコリ
Number Street AUSTELL GA 30106 City State ZiP Code  When was the debt incurred? 11/10/∠1  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Unliquidated Debtor 1 only Debtor 2 only  When was the debt incurred? 11/10/∠1  As of the date you file, the claim is: Check all that apply.  Unliquidated Type of NONPRIORITY unsecured claim:	. , 0.0
1133 EAST-WEST CONNECTOR  Number Street  AUSTELL GA 30106  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:	
As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Contingent Unliquidated Unliquidated Debtor 1 only Debtor 2 only  Type of NONPRIORITY unsecured claim:	
City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed  Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 2 only □ Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 only ☐ Debtor 2 only ☐ Type of NONPRIORITY unsecured claim:	
Debtor 2 only  Type of NONPRIORITY unsecured claim:	
•	
Debtor 1 and Debtor 2 only	
Olderit loans	
☐ At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a community debt  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	
<b>Ø</b> No	
☐ Yes	
\$\$	Average of the second
Last 4 digits of account number	
Nonpriority Creditor's Name  When was the debt incurred?	
Number Street As of the date you file, the claim is: Check all that apply.	
City State ZIP Code Contingent	
☐ Unliquidated	
Who incurred the debt? Check one.	
Debtor 1 only	
☐ Debtor 2 only Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ Student loans	
At least one of the debtors and another  Obligations arising out of a separation agreement or divorce that	
you did not report as priority claims	
Debts to pension or profit-snanng plans, and other similar debts	
Is the claim subject to offset?	
□ No	
☐ Yes	

Debtor 1

Case 22-51585-lrc Desc Main MARGARET

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	Total claim	2,826.00
Total claims from Part 2	6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		2,826.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		<b>\$</b>	
	<ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other</li> </ul>	6g.	<b>\$</b>	0.00

Fill in this information to identify your case:				
Debtor 1	MARGARET		СНІСК	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Lest Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA				
Case number (If known)	1:2022BK51585		<del></del>	

Check if this is an amended filing

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

Case	namber (n kne	will, Allawer every question.		
į į	No No	ny codebtors? (If you are filing a joint case, do n	ot list either spouse a	as a codebtor.)
}	Yes			
7			-	? (Community property states and territories include
1		nia, Idaho, Louisiana, Nevada, New Mexico, Puer	no Rico, Texas, wasi	ningion, and wisconsin.)
,	No. Go to lii			2
,	•	ur spouse, former spouse, or legal equivalent live	with you at the time?	?
	□ No			
	☐ Yes. In	which community state or territory did you live? _		. Fill in the name and current address of that person.
	Name of	your spouse, former spouse, or legal equivalent		-
ĺ				
	Number	Street		-
	City	State	ZIP Code	-
3. lı	n Column 1. lis	st all of your codebtors. Do not include your s	pouse as a codebto	r if your spouse is filing with you. List the person
		2 again as a codebtor only if that person is a g		
		fficial Form 106D), Schedule E/F (Official Form		
ł	•	or Schedule G to fill out Column 2.		,
	C-1 4.V-			
	Column 1: Yo	ur Codentor		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				D 0
	Name	· · · · · · · · · · · · · · · · · · ·		Schedule D, line
	<del></del>			Schedule E/F, line
	Number S	Street		☐ Schedule G, line
	City	State	ZIP Code	
3.2				
	Name		<del> </del>	Schedule D, line
				☐ Schedule E/F, line
	Number S	Street	-	☐ Schedule G, line
i i		0.4	ZIP Code	
0.0	City	State	ZIP Code	
3.3				Schedule D, line
	Name			Schedule E/F, line
i i	Number 5	Street		Schedule G, line
-				Coneduce O, line
-	City	State	ZIP Code	

## Case 22-51585-lrc Doc 14 Filed 03/31/22 Entered 04/04/22 13:56:50 Desc Main Document Page 12 of 19

Fill in this in	formation to ident	ify your case:		
Debtor 1	MARGARET		СНІСК	
DCDIO! 1	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
., .	Bankruptcy Court for the	NORTHERN DISTRIC		
Case number	1:2022BK51585			
	(If known)			

Check if this is an amended filing

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	• 0
1a. Copy line 55, Total real estate, from Schedule A/B	
1b. Copy line 62, Total personal property, from Schedule A/B	\$\$
1c. Copy line 63, Total of all property on Schedule A/B	\$4,770.00
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	s 0.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	. Ψ
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	s 0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 43,126.00
Your total liabilities	\$ 43,126.00
art 3: Summarize Your Income and Expenses	l <del> </del>
Schedule I: Your Income (Official Form 106I)	s 1,443.00
Copy your combined monthly income from line 12 of Schedule I	Ψ
Schedule J: Your Expenses (Official Form 106J)	s 2,110.00
Copy your monthly expenses from line 22c of Schedule J	\$ <u>2,110.00</u>

CHICK

Case number (if known) 1:2022BK51585

n	ام	4	~	,	1

MARGARET First Name

Middle Name

P	art 4: Answer These Questions for Administrative and Statistical Records	•	
	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	☑ Yes		
7.	What kind of debt do you have?	and the second section of the second second second second section second second second second second second se	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	n individual primarily for a perso oses. 28 U.S.C. § 159.	onal,
	Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	t of the form. Check this box ar	nd submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from Official	\$89.00_
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim	
	From Part 4 on <i>Schedule E/F</i> , copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$0.00	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line 6f.)	\$2,826.00	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00	
	9g. <b>Total.</b> Add lines 9a through 9f.	\$2,826.00	

## Case 22-51585-lrc Doc 14 Filed 03/31/22 Entered 04/04/22 13:56:50 Desc Main Document Page 14 of 19

Debtor 1	MARGARET		CHICK
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
Jnited States I	Bankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA
Case number (If known)	1:2022BK51585		
	1.20225/3 (303		

Check if this is an amended filing

#### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
	e summary and schedules filed with this declaration and
that they are true and correct.	
1	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×
* // on the	*
Signature of Debter 1	Signature of Debtor 2
07 20/ 2022	
Date UD / YVY	Date
MM / DD / YYYY	MM/ DD / YYYY

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF GEORGIA

IN RE:	)					
MARGARET CHICK Debtor.	) Case No. <u>1:2022BK51585</u> ) Chapter 7					
VERIFICATION OF MATRIX						
The above named debtor hereby verifies and correct to the best of his/her/their kn	s that the attached List of Creditors is true owledge.					
Date: <u>U3 / 28/ 2022</u>	Mart Chrot					
/ /	Debtor Signature					

AVANT 222 NORTH LASALLE STREET CHICAGO, IL 60601

CAP1/WMT
PO BOX 31293
SALT LAKE CITY, UT 84131

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN, NE 68508

DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE 19850

I.C. SYSTEM, INC PO BOX 64378 SAINT PAUL, MN 55164

LAKEVIEW BEHAVIORAL HEALTH

1 TECHNOLOGY PARKWAY SOUTH

NORCROSS, GA 30092

MERRICK BANK CORP PO BOX 9201 OLD BETHPAGE, NY 11804

NET CREDIT 175 W JACKSON BLVD STE 1 CHICAGO, IL 60604

RESURGENT CAPITOL 10497 GREENVILLE GREENVILLE, SC 29605

RIDGEVIEW INSTITUTE 4140 SOUTH COBB DRIVE SOUTHEAST SMYRNA, GA 30080

SYNCB/PPC PO BOX 530975 ORLANDO, FL 32896

SYNCB/PPMC PO BOX 981416 EL PASO, TX 79998 TITLEMAX 1873 COBB PARKWAY SOUTHEAST MARIETTA, GA 30060

USAA SAVINGS BANK PO BOX 47504 SAN ANTONIO, TX 78265

WALTON COMMUNITIES C/O THE EXCHANGE
THE EXCHANGE SOUTHEAST
SUTE 120
ATLANTA, GA 30339

WEST COBB SMILES
1133 EAST-WEST CONNECTOR
STE 120
AUSTELL, GA 30106

No. Marchae Control

United States Bankrytay, 75 Ted Tarner Drive S.W. Roum 1340 Attanta 6A 30303

